MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/915460 FILING DATE 6/30/05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND	DEP	IND	DEP.	IND.	DEP.								
1			/					51						
2			/					52						
3			/					53						
4			/					54						
5			/					55						
6			/					56						
7			/					57						
8			/					58						
9				4				59						
10				5				60						
11				5				61						
12				5				62						
13				3				63						
14				3				64						
15				4				65						
16				8				66						
17				3				67						
18				4				68						
19				4				69						
20				4				70						
21		−		4				71						
22				5				72						
23				1				73						
24				1				74						
25								75						
26								76						
27								77						
28								78						
29								79						
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40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			8					TOTAL IND.						
TOTAL DEP.			60					TOTAL DEP.						
TOTAL CLAIMS			68					TOTAL CLAIMS						